AMVETS LADIES AUXILIARY
Department of Florida

DECEASED MEMBER NOTIFICATION

AMVETS Ladies Auxiliary
Department of FL
April Carroll
6665 NE 6th Place
Ocala, FL 34470
PHONE: 352-304=9756
Aprilcarroll153@gmail.com

Date: _____

Department: Florida Auxiliary #: _____ Membership ID#: _____

Name of Deceased: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Status: ☐ Life ☐ Annual ☐ Honorary

Date of Death: _____

Next of Kin: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Submitted by: _____ Phone: _____

Department: _____ Auxiliary #: _____

Address: _____

City: _____ State: _____ Zip: _____

INSTRUCTIONS:

1. The Local Chaplain will make six (6) copies of this form.

2. **Three (3) copies go to the Department Chaplain.** The Department Chaplain retains one (1) copy, sends one (1) copy to the National Chaplain, and sends one (1) copy to National Headquarters.

3. Of the remaining three (3) copies; one (1) is to be retained by the Local Membership Chairman for Local Auxiliary records, the remaining **two (2) copies is to be sent to the Department Executive Secretary.**